	TOR THED				
Plaintiff's nan	ne and ID Number				
Place of Conf		21.55.10			
		CASE NO (Clerk will assign the			
v.		,	,		
	A	APPLICATION TO PROCEED IN FORMA PAUPERIS			
Defendant's r	name and address				
of my motion	, declare, depose, and say that to proceed without being required to prepay fees, counable to pay in advance the filing fee for said proceef.	osts or give security there	efor, I state that because of my		
I furth	ner declare that the responses which I have made to	questions and instruction	ns below are true.		
1.	Have you received, within the past 12 months, any money from any of the following sources?				
	a. Business, profession or form of self-employm	ent? Yes G Yes G	No G No G		
	b. Rent payments, interest or dividends?c. Pensions, annuities or life insurance payments		No G		
	d. Gifts or inheritances?	Yes G	No G		
	e. Family of friends?	Yes G	No G		
	f. Any other sources?	Yes G	No G		
	If you answered YES to any of the questions aboreceived from each during the past 12 months.	ove describe each source	of money and state the amount		
2.	Do you own cash, or do you have money in a checking or savings account, including any funds in prison accounts?				
	Yes G No G If you answered YES , state the total value of the items owned.				
	if you answered 110, same the total value of the forms owned.				

IN THE UNITED STATES DISTRICT COURT

	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishings and clothing?			
	Yes G No G			
	If you answered YES , describe the property and state its approximate value.			
	d that a false statement or answerto any questions in this affidavit will subject me to penalties for			
U.S.C. § 174	clare (or certify, verify, or state) underpenalty of perjury that the foregoing is true and correct (28 6).			
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YOU<u>MUST</u> ATTACH A CURRENT SIX (6) MONTH HISTORYOF YOUR INMATE TRUST ACCOUNT. YOU CAN ACQUIRE THE APPROPRIATE INMATE ACCOUNT CERTIFICATE FROM THE LAW LIBRARY AT YOUR PRISON UNIT (OR OTHER DESIGNATED LOCATION AT YOUR INSTITUTION).

CERTIFICATE OF INMATE TRUST ACCOUNT

	I, the u	indersigned authorized	d officer of the	
		C	I IDN	(name of institution)
where		(name of inmate)	, Inmate ID No	, is confined
as a pr	isoner, d	lo hereby certify that:		
	(1)	On this day the priso	oner has in his account the sur	m of \$
	(2)	During the past six r	months, the prisoner's:	
		Average monthly ba	lance was \$	
		Average monthly de	eposits to the prisoner's accor	unt were \$
	Attache	ed is a certified copy	of the prisoner's trust account	t statement (or institutional equivalent
showin	ng transa	ctions for the past six	months.	
	Signed	this day of	, 19	
			Authorize	ed Officer
			Institution	of Confinement